## **RELEASE**

| I,                                     | , IN CONSIDERATION                |
|--|-----------------------------------|
| OF THE CITY OF SAN ANTONIO ALLOWING ME | E TO PARTICIPATE IN AN INTERNSHIP |
| PROGRAM WITHIN A DEPARTMENT OF T       | HE CITY, DO HEREBY AGREE TO       |
| INDEMNIFY AND HOLD HARMLESS THE CITY ( | OF SAN ANTONIO FROM ANY AND ALL   |
| CLAIMS, CAUSES OF ACTION, ETC. THAT MA | Y BE CAUSED OR ARISE OUT OF MY    |
| PARTICIPATION OF THIS INTERNSHIP.      |                                   |
|  |                                   |
|  |                                   |
| NAME OF STUDENT                        | DATE                              |
|  |                                   |
|  |                                   |
| SIGNATURE OF STUDENT                   | SOCIAL SECURITY #                 |
|  |                                   |
|  |                                   |
| WITNESSED BY:                          |                                   |

## **ASSUMPTION OF RISK AND RELEASE OF ALL CLAIMS**

| vehicle while it is being us Antonio in the performan myself to the extraordina knowingly assume all suc passenger as aforesaid, of a municipal corporation, it claims, demands, damage personal representatives have grown out of any in other occurrence resulting for the purposes aforemer | , being permitted to travel as an Intern in a ed by the <b>Development Services Department</b> of the City of Sance of internship functions of said City in carrying out its duties ary dangers and hazards in connection therewith, do hereby the risks and in consideration of being permitted to travel as a lo hereby release and forever discharge the City of San Antonio, as successors, agents, servants and employees from any and all es, actions and causes of action, whatsoever, which I, my heirs or may ever have arising out of, by reason of, or in any manner juries or damage sustained by me by reason of any accident or from traveling as a passenger in any City of San Antonio vehicle attioned. I further understand and agree that I am fully aware that sumption of risk and release I will not be permitted to travel as a |
|--|--|
| Name   | Signature  |
| In witness whereof, I have 200   | e hereunto set my hand this day of,  |
| Name of Witness  | Signature  |

## OFF-CAMPUS STUDENT WORK AGREEMENT BETWEEN CITY OF SAN ANTONIO AND

This is to inform the City of San Antonio that \_\_\_\_\_ will be participating in an internship with Development Services Department. This student is currently enrolled at \_\_\_\_\_\_. This He/she is to be given credit hours required to obtain his/her degree and will work approximately \_\_\_\_\_ hours a week. The student's duties will be related to his/her major field of study. The student agrees not to hold the City of San Antonio liable for any financial cost or physical injury incurred while performing internship duties. School Representative Date Department Representative Date Student's Soc. Sec. No. Date